

**SPECIAL  
POINTS OF IN-  
TEREST:**

- Reasons for Pregnant Mothers to Quit Smoking
- Mid America Poison Control Center
- FDA Warning about ADHD Drug
- New Health Data Web Site for All Ages
- Adolescents May Need Later Sleep
- Community Water Fluoridation is Cost Effective

**INSIDE THIS  
ISSUE:**

Perinatal Health — Conception to Birth	2
Child Health — Age 0 to 9	3
Adolescent Health — Age 10 to 21	4
Public Health	5
School Health	6
Events and Resources	7
The Back Page	8

# ZIPS

## Zero to age 21: Information Promoting Success

for Public Health Professionals working with Kansas Kids

VOLUME 3 NUMBER 12

DECEMBER 2005

### Centering Pregnancy Program — Alternative Care Model

As funding sources are challenged we find ourselves reevaluating how we do business to maximize efforts and do more with less. The Centering Pregnancy Program might prove to be a successful alternative style of group prenatal care.

The Centering Pregnancy Program alters routine prenatal care by involving women with peer groups for their care. Initial intake into obstetric care is in the usual manner in an office or clinic setting, but then pregnant women are invited to join with eight to 12 other women/couples with similar due dates. The groups form between 12 and 16 weeks of pregnancy and continue through the early postpartum period, meeting monthly for the first four

months - and then bi-weekly.

Women in the group engage in self-care activities of weight and blood pressure, estimation of gestation age and recordkeeping. With a practitioner, they listen to their baby's heart beat, check uterine growth, and talk individually about specific problems and concerns. They complete self-assessment sheets to stimulate subsequent group discussions. Group members discuss topics of interest related to pregnancy, childbirth, parenting, and personal growth.

A practitioner or a professional skilled in group leadership and knowledgeable of the topics facilitates the groups. The opportunity to meet for ten, 90-minute sessions with the same group of

expectant parents allows for sharing and development of a support network which often extends well into childrearing. These 15 hours together over several months also provide the practitioner with an extraordinary opportunity to observe and interact with the women/couples in the group. There are many benefits of the program for clients, professionals and agencies.

The Centering Pregnancy Program is a model of empowerment to women to take control of their bodies, pregnancies, and families, and empowerment to health care providers to share caregiving with clients.

Find out more by visiting:  
[http://  
www.centeringpregnancy.com/](http://www.centeringpregnancy.com/)

### Fast Flu Facts from the CDC

1. Flu symptoms include fever, headache, chills, body aches, tiredness, dry cough, sore throat, and nasal congestion.
  2. Flu is spread when a person who has the flu coughs, sneezes, or speaks and sends the flu virus into the air. The virus enters the nose, throat or lungs of a person and multiplies. Flu spreads less frequently when a person touches a surface that has flu viruses on it.
  3. If you get the flu: rest, drink plenty of liquids, and avoid alcohol and tobacco.
  4. Antibiotics like penicillin will not cure the flu. The best way to prevent the flu is to get a flu shot. CDC and the U.S.-based influenza vaccine manufacturer have prioritized the populations in the event of a limited vaccine supply. Initially, priority populations include: hospital staff, long-term care providers, nursing homes, and private providers who care for young children. Additional priority populations eligible to receive vaccination with inactivated influenza vaccine include all children aged 6-23 months, adults 65 years of age and older, persons aged 2 to 64 years with underlying chronic medical conditions, residents of nursing homes and long-term care facilities, all women who will be pregnant during the influenza season, children 6 months to 18 years of age who are on chronic aspirin therapy, health care workers with direct patient care, out-of home caregivers and household contacts of children under 6 months of age.
  5. Over-the-counter medications may relieve symptoms of flu. The National Institute for Allergies & Infectious Diseases recommends acetaminophen (Tylenol) for children and aspirin or acetaminophen for adults. Decongestants, cough suppressants, and use of a humidifier can provide symptomatic relief.
  6. Three antiviral medicines are available by prescription that will help prevent flu infection: Tamiflu, Flumadine and Symmetrel.
- (Adapted from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/flu/index.htm>.)

# PERINATAL HEALTH

## Ten Reasons To Quit Smoking During Pregnancy

In no particular order of occurrence or importance, here are 10 conditions closely associated with smoking during pregnancy.

1. Placental abruption, a condition where the placenta pulls off the wall of the uterus either before or during labor, requires immediate delivery, most often by a cesarean section. Physically, the placenta of a smoking mother is thinner than that of a non-smoking mother, causing a higher risk of abruption.
2. Also, due to the thinness of a smoking mother's placenta, she is at a higher risk for placenta previa. This condition often results in bleeding during pregnancy and puts both mom and baby at risk for hemorrhage. Again, a cesarean delivery is necessary due to the risk of hemorrhage.
3. Studies have shown that infants' of smok-



and delivery of a preterm infant who is at an increased risk of conditions such as mental retardation, learning disabilities and cerebral palsy.

5. Stillbirth is yet another condition that directly results from smoking in pregnancy.
6. Low birth weight is associated with a host of medical, social and psychological conditions that affect the rest of the infant's life and is associated with an increased chance of infant death.
7. Some research indicates that babies of smoking mothers are more colicky or

ing mothers are at increased risk for SIDS.

4. Another very likely outcome is for preterm labor

fussy (see article below on Dr. Karp's research on colic).

8. Smoking during pregnancy and while around infants also is associated with an increased risk of infant respiratory illnesses like bronchitis and asthma.
9. Premature rupture of membranes is a condition where the mother's "water breaks" early putting her at increased risk for premature birth as well.
10. Finally, miscarriage and infertility are more likely in smoking mothers.

For more information, go to: <http://www.marchofdimes.com> and do a search for "smoking."

**A baby is born with a need to be loved and never out grows it.**

— Frank A. Clark

## The Five S's And Colic

An infant's crying, which may last from minutes to hours, may actually have more to do with the infant missing the noise and stimulation from within the womb environment than gastrointestinal upset. Dr. Harvey Karp, M.D., an associate professor of pediatrics at



the University of California at Los Angeles Medical School, has been studying a system simply referred to as the Five S's to

stimulate the calming reflex in infants with colicky symptoms.

The Five S's system of calming an infant includes: swaddling the infant appropriately in a light blanket, side/stomach positioning in the parents' arms, shushing

noises made near the infant's ear at a level that matches the volume of the infant's cry, swinging that imitates the motion felt as an infant in the mother's womb and sucking. Dr. Karp states that these methods used to stimulate an infant's calming reflexes work best before the infant is 3-4 months old.

All of the methods mimic experiences of the infant in utero and could be used by many distraught parents to enable them to better enjoy their new family member's company. This information was presented at the 2005 AAP National Conference and Exhibition: Selected Short Subjects F 131, on October 8. For additional information on this subject and Dr. Harvey Karp go to: <http://www.thehappiestbaby.org>

## More on SIDS

Sudden Infant Death Syndrome (SIDS) is a very scary subject for parents. SIDS is defined as the sudden unexpected death of an infant (age less than 12 months). The following factors are known to be associated with SIDS deaths: premature birth, low birthweight, prenatal cigarette or drug exposure, prone sleeping position, and fall and winter months in either hemisphere of the world, peaks between 2 and 4 months of age and 60 percent of SIDS deaths are male.

Infants who exhibit any number of the risk factors listed in this article are considered prone to the incidence of SIDS, but children who have exhibited at least some of these risk factors have survived and thrived. However, SIDS does result in about 7,000 infant



deaths each year. Here is a list of things suggested to help reduce the

incidence of SIDS: put baby on its back to sleep; allow tummy time during play times when the parent or caregiver is observing and interacting with the infant; ideally, breastfeed infants exclusively for at least one full year; reduce baby's exposure to tobacco smoke, the use of illicit drugs, pathogens, and other environmental pollutants; keep infants' sleeping surface free of pillows, stuffed animals, heavy blankets, etc.; and infants should sleep on a firm and well-fitting mattress.

Go to <http://www.sidsprojectimpact.com> or <http://www.aap.org/ncepr/sids.htm> for more information.

## One Father's Story of His Son's Preterm Birth

Prematurity is defined as the birth of an infant before the completion of 37 weeks of gestation. A variety of adverse conditions related to an infant or child's physical, behavioral, psychological, and learning makeup are associated with prematurity. Often, parents face the struggle of whether or not their child will survive the Neonatal Intensive Care Unit (NICU) experience and only later begin to realize the longer term effect of a premature birth on their child's growth and

development.

One father tells a very compelling story of the birth of his son who was born prematurely at 24 weeks of gestation and his experience with the care of his infant son in a NICU. He walks the reader through this experience by using the word "tick" several times that gives



one a sense of how time becomes compressed during a situation of high stress. He goes on to describe in detail how he coped with this dire circumstance and gives health care providers pause to consider how we treat the entire family under extreme emotional distress surrounding what should be the celebration of a newborn family member. To access this wonderful story go to: <http://www.pregnancy.about.com/cs/birthstories/a/aa99clock.htm>

## CHILD HEALTH

### Mid-America Poison Control Center Information



The Mid-America Poison Control Center operates 24 hours a day, 365 days a year and is affiliated with the American Association of Poison Control Centers.

A registered pharmacist or a registered nurse who has had training on how to evaluate the information and determine the appropriate action will answer your call. A toxicologist is on-call at all times. Many exposures (82 percent in 2002) can be managed at home with appropriate therapy. In other situations you will be referred to a hospital emergency department. The center will call ahead to notify the emergency staff with the information so they will be prepared to assist you with your care.

When you call, the center will ask questions to obtain information from you to determine the severity of the exposure

and the appropriate therapy. It is important to call as soon as possible after an exposure. The most effective treatments are given within the first 30 to 60 minutes after exposure. It is important to call even if the person is

not having symptoms. Sometimes the symptoms are delayed until after the most effective time for emergency therapy.

The Mid-America Poison Control Center has several incoming lines and receives calls from all over Kansas and the Kansas City metropolitan area. Staff make every effort to obtain the necessary information and complete each call in a timely fashion. Each call is important. You can assist the staff by being aware of the needed information and having it available when you call.

For more poison prevention and first aid information contact the Mid-America Poison Control Center at University of Kansas Medical Center by calling the National Toll-Free Poison Hotline (1-800-222-1222). Learn more online at: <http://www.kumed.com/bodyside.cfm?id=2144>

### Auto Crashes Hit Close to Home for Parents and Their Children

The first Partners for Child Passenger Safety (PCPS) Fact and Trend Report presents recent child passenger safety findings from ongoing research by Children's Hospital of Philadelphia and State Farm Insurance Companies®. The report, from confidential interviews of State Farm customers, reveals that most motor vehicle crashes involving children happen during everyday routines on local roads.

Motor vehicle crashes can happen to anyone, any time, anywhere. Tapping into the largest data source on children in auto crashes, the PCPS Fact and Trend Report identifies characteristics of crashes involving children:

- 80 percent of crashes took place 20 minutes or less from home
- 73 percent happen between 10 a.m. and 8 p.m.
- Over half of crashes occur below 45 MPH
- Only 35 percent took place at intersections

Motor vehicle crashes are the leading killer of children over age 1 in the US, but parents can take precautionary measures to ensure safe transport of children. Following the guidelines for age- and size-appropriate restraint can reduce the risk of serious injury by more than three times, according to earlier research from PCPS. The combination of rear seating (children age 12 and younger) and restraint use reduces the risk of injury to less than 2 percent.

To learn more about protecting children in crashes, visit <http://www.chop.edu/carseat>, and to download the complete Fact and Trend Report, visit <http://www.traumalink.chop.edu>.

**Don't limit a child to your own learning, for he was born in another time.**

— Rabbinical Saying

### Getting Fathers Involved in Early Childhood Programs

The National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) has released another issue in its series of "Learning Tools." This issue, "Promoting Father Involvement in Early Childhood," provides recommendations and guidelines for Head Start programs for reaching out to the fathers of young children.

The article provides an overview of

policies and practices that can encourage fathers to become involved in their children's lives in more meaningful ways. Parent engagement activities that specifically target fathers are also provided. This issue of "Learning Tools" is available online at [http://www.friendsnrc.org/download/Male\\_part.pdf](http://www.friendsnrc.org/download/Male_part.pdf). A Spanish version is available at [http://www.friendsnrc.org/download/Male\\_part\\_spanish.pdf](http://www.friendsnrc.org/download/Male_part_spanish.pdf).

## Carbon Monoxide: Invisible Winter Hazard

As colder weather approaches, Safe Kids Kansas reminds parents and caregivers that space heaters can cause dangerous levels of carbon monoxide to build up in the home. Carbon monoxide (CO) is an odorless, invisible gas that can build up near fuel-burning appliances such as ovens, generators and supplemental heaters.

"We all know it's essential to have working smoke alarms in every sleeping area, but what about carbon monoxide detec-



"Carbon monoxide can kill, and it can make a child seriously ill in small doses that might not noticeably affect an adult."

Each year, in the United States, nearly 4,000 children are treated in emergency rooms for CO exposure, and about 28 die — not counting fire-related CO

tors," says Jan Stegelman, Safe Kids Kansas coordinator.

fatalities. "Half of all CO poisoning deaths could be prevented by CO detectors," says Stegelman. "CO detectors are available at hardware stores for about \$20, a small price to pay to help detect odorless, poisonous gases in the home."

For more information about carbon monoxide poisoning, visit [http://www.usa.safekids.org/tier3\\_cd.cfm?folder\\_id=183&content\\_item\\_id=20110](http://www.usa.safekids.org/tier3_cd.cfm?folder_id=183&content_item_id=20110).

### Car Safety Seats for Kids with Special Needs

Transporting children with special health care needs can present challenges that will change as a child grows. Safe Kids Kansas, through a grant from the Kansas Emergency Medical Services for Children program, can purchase special needs child passenger safety (CPS) seats for families in need. Advice on appropriate restraints is also available from trained CPS Technicians. Contact Jeanette Shipley at 785-296-4491 or Lori Haskett at 785-296-8163 for more information.

# ADOLESCENT HEALTH

## TV Sexual Scenes Nearly Double Since 1998, Rate of Safer Sex References Levels Off

According to the Kaiser Family Foundation (KFF) report, "Sex on TV," many television shows contain some sexual content, and the number of scenes containing such content has increased 96 percent since 1998, while the rate of references to safer sex issues is down slightly from 2002.

Researchers focused on the programs of 10 networks, including ABC, CBS, NBC, Fox, PBS, HBO, USA, WB, Lifetime and TNT.

The report examined the content of movies, sitcoms, dramas, soap operas, talk shows, news magazines and reality shows. About 70 percent of all shows included some sexual content, with these shows showing

an average of five sexual scenes per hour, compared with 64 percent of shows with 4.4 scenes per hour in 2002 and 56 percent of shows with 3.2 scenes per hour in 1998. Of the shows that referenced sexual content, 14 percent referenced sexual "risks or responsibilities," up from 9 percent in 1998.

Read this revealing report at <http://www.kff.org/entmedia/7398.cfm>



## Sexual Risk and Protective Factors for Teens

To reduce the still high rates of teen pregnancy and sexually transmitted disease in the US, two primary questions must be addressed: (1) What factors influence adolescents' decisions about sex and (2) which of these factors can be altered? By identifying and targeting both those factors, the chances of reducing sexual risk-taking among teens are greatly improved.

The National Campaign to Prevent Teen Pregnancy has released a paper which provides an exhaustive analysis of factors that can effect teen sexual behavior. The article, "Sexual Risk and Protective Factors: Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing, and Sexually Transmitted Disease," analyzes more than 400 factors that can effect teen sexual behavior through a review of studies conducted in the US.

Access this paper at [http://www.teenpregnancy.org/works/risk\\_protective\\_kirby/default.asp](http://www.teenpregnancy.org/works/risk_protective_kirby/default.asp).

## Health Profile of Adolescent Males Available

The National Adolescent Health Information Center (NAHIC) is pleased to announce a new resource, A Health Profile of Adolescent and Young Adult Males: 2005 Brief, at [http://nahic.ucsf.edu/index.php/data/article/a\\_health\\_profile\\_of\\_adolescent\\_and\\_young\\_adult\\_males\\_2005/](http://nahic.ucsf.edu/index.php/data/article/a_health_profile_of_adolescent_and_young_adult_males_2005/)

The transition from adolescence to young adulthood to adulthood involves changes in development and independence that have



implications for health. This brief highlights priority health issues for adolescent and young adult males and identifies key gender & racial/ethnic disparities. Health topics include violence, substance use, mental health, reproductive health and healthcare access and utilization.

Contact NAHIC staff Jane Park (415-502-2809 or [jane.park@ucsf.edu](mailto:jane.park@ucsf.edu)) or Tina Paul (415-502-4856 or [nahic@ucsf.edu](mailto:nahic@ucsf.edu)) with any questions about this brief.

**What's done to children, they will do to society.**

— Karl Menninger

## FDA Warns of Suicidal Thoughts in Users of ADHD Drug Strattera

Following a review of more than a dozen clinical trials, FDA is alerting health care professionals about reports of suicidal thinking in children and adolescents who take Strattera, a drug for attention deficit hyperactivity disorder. The agency advises close monitoring of patients on the drug for suicidal thoughts and other unusual changes in behavior, especially when the dose is changed.

More than two million patients have used Strattera since the drug was first marketed in 2002. Learn more at: <http://www.fda.gov/bbs/topics/NEWS/2005/NEW01237.html>.



## Free Bullying Prevention and Youth Safety Webinars

You are invited to take part in two free webinars from the National Youth Violence Prevention Resource Center (NYVPRC).

On December 9, at 1:30 pm CT, the NYVPRC will sponsor a webinar on "Bullying Prevention is Violence Prevention: Making It Work Locally." This event was developed by the Health Resources and Services Administration (HRSA).

On December 15, at 12 pm CT, the NYVPRC will host a webinar: "Keeping Kids Safe" which will focus on the primary causes of injuries and death among children and youth ages 10-24, and ways to prevent these occurrences. This presentation was developed by the NYVPRC and the Centers for



Disease Control and Prevention (CDC).

To participate

in the webinars, you will need access to a computer and a telephone. Slides will be presented over the Web and speakers over the phone. Large groups, (e.g., classes, parents, teacher groups and community organizations) are encouraged to register, but single registrants are also welcome.

Each session lasts 40 minutes, with an additional 15 minutes for questions.

Bullying prevention topics will include a refresher on bullying; elements of an effective

bullying prevention program; an overview of HRSA's "Stop Bullying Now!" campaign; and success stories of district-, county-, and state-level initiatives, plus a look ahead.

The safety webinar will address topics like head and sports injuries, auto crashes, residential fire-related deaths/injuries, drowning, playground safety, homicide/suicide, unintentional falls and youth violence.

Sign up for either or both webinars on line at [http://www.safeyouth.org/scripts/news/docs/webinar\\_0905.asp](http://www.safeyouth.org/scripts/news/docs/webinar_0905.asp)

The National Youth Violence Prevention Resource Center (<http://www.safeyouth.org>) is sponsored by the CDC and Federal partners working on youth violence prevention.



## PUBLIC HEALTH

### CDC/NCHS Health Data for All Ages Web Site Launched

On Oct. 3, the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) launched a new Web site entitled *Health Data for All Ages*: [http://www.cdc.gov/nchs/health\\_data\\_for\\_all\\_ages.htm](http://www.cdc.gov/nchs/health_data_for_all_ages.htm).

This Web site is a combination of several other NCHS Web sites that provided interactive online data tables, including *Healthy Women: State Trends in Health and mortality*.

The new site contains data tables on a wide variety of topics, such as:

- Pregnancy and birth
- Health conditions and risk factors
- Health care access and use
- Mortality

Selected Healthy People 2010 objectives

Unlike the *Healthy Women*

Web site, the new site is envisioned as a place to obtain health data on people of all ages from infants to older people. All of the tables previously available through the *Healthy Women* Web site have been moved to the section in the *Health Data for All Ages* site noted as "State Data."

New tables have been added to this site that present national and regional data, many of these also are relevant to women's health.



The *Healthy Women* Web site has been deactivated, and if you attempt to go to it, you will be rerouted to the *Health Data for All Ages* site.

If you are interested in obtaining information regarding *Health Data for All Ages* you should sign up for its listserv: [http://www.cdc.gov/nchs/products/elecannounc/hdffa\\_listserv.htm](http://www.cdc.gov/nchs/products/elecannounc/hdffa_listserv.htm).

### Kansas RADAR Network

RADAR stands for Regional Alcohol and Drug Awareness Resources. This network of information provides Kansans with free printed materials and an audio/visual lending library. If you are new to the RADAR network, you must first complete and sign an A/V Loan Agreement and return it by mail to Kansas Family Partnership.

You may check out up to four videos at one time for a two-week period. Orders are filled each week on Tuesday and Thursday, and shipped via Federal Express. You are required to pay postage and shipping

costs when returning videos. Videos may be returned by mail using the following services: UPS, Fed Ex, or certified registered mail. Or, videos may be returned in person to the KFP main location at: Kansas Family Partnership 5942 SW 29th Street Topeka, KS 66614 For more information on RADAR and other initiatives of the Kansas Family Partnership, visit <http://www.kansasfamily.com/>.



**Be ashamed to die until you have won some victory for humanity.**

— Horace Mann

### New Labeling Warns of Higher Estrogen in Ortho Evra Patch

The maker of the Ortho Evra contraceptive skin patch has revised the product's labeling to warn that the patch exposes women to higher levels of estrogen than most birth control pills. FDA urges women considering this product to consult with their doctors about balancing the patch's potential risks with its benefits. Ortho Evra, the first skin patch approved for birth control, is applied weekly to release estrogen and progestin through the skin into the bloodstream. For more information, go to: <http://www.fda.gov/bbs/topics/news/2005/NEW01262.html>

### Benefits of Eating Fish Outweigh Risks

A National Women's Health Resource Center Backgrounder (New Studies Document the Health Benefits of Seafood Consumption) summarizes a range of new studies focusing on the risks and benefits of seafood consumption. The review was produced by the center in response to findings from a public opinion poll about how mercury in fish is negatively affecting the diet.

The review was released as a nationwide call to action at a press conference held on Oct. 26 in Washington, DC. By documenting recent study findings on the many significant health benefits of fish consumption throughout the life span, the review urges the public, and especially women, not overre-

act to concerns about seafood consumption. Topics include the benefits of omega-3 fatty acids for healthy development in infants and young children, for reducing women's risk of heart disease and stroke, and for improving eye and brain function. The review is intended for use by health professionals, policymakers, educators, and others in translating the latest research findings into consumer-friendly information so that women will be able to make informed choices for themselves and their families.

The review, along with the news release and a list of additional resources, is available at <http://www.healthywomen.org/presskit/nwhrcpr10-26-2005bg.html>.

### Ask Ken! (About CVRs)

Q. Define "timely filing."

A. Paper copies of the Client Visit Record forms should be forwarded AT LEAST monthly, but more frequently (i.e., weekly) if your agency has a large clientele. This facilitates data entry and production of reports on time. Quarterly fiscal reports are due at KDHE the 15<sup>th</sup> of the month after the end of the quarter; e.g. Jul-Sep, due Oct. 15<sup>th</sup>. Semi-Annual Program reports should be submitted as specified within each Contract Attachment/Notice of Grant Award Amount & Summary of Program Objectives.

## SCHOOL HEALTH

# Adolescents May Have Biological Need for Later Bedtimes

Though parents often chalk up their teen's late bed time to talking on the phone, IMing or watching TV, a recent study conducted by Mary A. Carskadon, PhD, et al, and published in the Journal *SLEEP* may let teens off the hook when it comes to night owl behavior. Carskadon and fellow researchers studied individuals age 10-16 that were either prepubertal, early pubertal or mature adolescents.

Participants slept at home for 10 nights on a regular 10-hour sleep schedule (lights off 10 pm, lights on 8 am). They were not allowed to have any visitors during this time, watch

TV or listen to the radio. Participants wore eyeshades provided by the lab. Each morning and evening they would report their bed and wake times, and each participant completed a sleep diary and wore an actigraph to ensure they complied with the schedule. After 10 nights of sleep at home, the participants slept for 10 hours in the lab, followed by 36 hours of sleep deprivation, followed by a recovery night of 11 hours and 40 minutes of sleep time.

The study found that it took longer for the older participants (mature adolescents) to need sleep than their younger

counterparts after sleep deprivation.

According to Carskadon, a former National Science Foundation Director, "A change that occurs during adolescence is that the pressure to sleep builds up more slowly so that during these years adolescents have the ability to resist sleep later in the evening."

The researchers propose that the biological function of this delayed need may be to prepare adolescents for adult lifestyles and for performing necessary tasks with a sleep



deficit (as is common in a modern, adult society). This evidence may also make the argument for later school start times

more compelling due to the fact that adolescents need nine hours of sleep per night but may have more difficulty going to bed early and rising early. The authors call for a larger, longitudinal sample to verify the results of the study.

Learn more about teens and sleep at <http://www.sleepfoundation.org/hottopics/index.php?secid=18>.

## Sex Between Young Teens and Older Individuals Linked to Risky Health Outcomes



New findings show sexual activity between teens age 15 and younger with individuals who are three or more years older are correlated with risky health outcomes including unprotected sex and teenage childbearing. Also, while most are voluntary, these relationships are more likely to be nonvoluntary than

other teen sexual relationships.

The report cites several risk factors associated with these sexual relationships, including that the youngest sexually experienced teens were the most likely to have had sex with an older individual. Specifically, almost two-thirds (65 percent) of females age 13 or younger at first sex had intercourse with an individual three or more years older compared with 53 percent of females age 14 at first sex, and 41 percent of females age 15 at

first sex. Other factors associated with sex between young teens and older individuals include: being female, lower parent education, growing up in a family without two biological/adoptive parents, and being a child of a teen mother.

Child Trends' latest research brief, *Sex Between Young Teens and Older Individuals: A Demographic Portrait* (<http://www.childtrends.org/Files/StatRapeRB.pdf>), draws from recently released data from the National Survey of Family Growth, 2002 (NSFG 2002).

**A child only  
educated at  
school is an  
uneducated  
child.**

**— George  
Santayana**

### Lewis and Clark Youth Rendezvous Essay Contest

The National Guard Bureau announces a unique opportunity for young Americans. Students who will be high school juniors or seniors by August 2006 can participate in the National Guard's Youth Rendezvous essay contest and earn an all-expenses-paid trip to North Dakota August 13-18, 2006.

Students will write a Lewis and Clark focused-essay to become a state finalist. The essay, between 1,000 and 1,500 words, will address the question: "In your opinion, what military value most describes the Lewis and Clark Corps of Discovery journey and why?" The essay must be received between Nov. 12, 2005, and midnight Feb. 28, 2006.

To learn more about the trip and contest, go to <http://www.lcyouthrendezvous.com>.



### Pandemic Flu and the Nation's Schools

By Brenda Lilienthal Welburn, Executive Director, National Association of State Boards of Education

In early November, President Bush outlined strategies to safeguard Americans against an outbreak of avian flu. Of the \$7.1 billion he requested, \$644 million would be earmarked to ensure that all levels of government are prepared for any outbreak.

One strategy will be for Secretary of Health and Human Services Mike Leavitt to bring together state and local health officials to plan for a possible epidemic. There was no mention of having Education Secretary Spellings convene state and local education officials for a similar planning session.

In fact, in much of what has been written about preparedness, the role of school personnel is conspicuously absent. Some

state and local education leaders have been proactive and have developed comprehensive plans in case of a pandemic (<http://www.pandemicflu.gov/plan/stateplans.html>).

As agencies develop strategies affecting the well-being of children, state and local boards of education should develop and influence preparedness plans that make sense for schools. Plans that consider the welfare of children, the dependence of parents on the school for rational and accurate information, and the reality of what happens if schools are closed should be developed before there is a need for them.

With a bit of luck such plans won't be needed, but better safe than sorry.

## EVENTS

**National Folic Acid Awareness Week**

January 9 - 15 is designated National Folic Acid Awareness Week by the National Council on Folic Acid. The Council is supported in part through a cooperative agreement with the Centers for Disease Control and Prevention and managed by the National Healthy Mothers, Healthy Babies Coalition. Go to <http://www.folicacidinfo.org/campaign/> for more information, toolkit items, and brochures.

**January 23-27 is No Name-Calling Week**

For the last two years, schools across the nation have organized a No Name-Calling Week to focus attention on the problem of name calling in schools and to provide students and teachers with the tools and inspiration to launch on-going dialogues about ways to eliminate bullying in their communities. Go to <http://www.nonamecallingweek.org/> for more information about No Name-Calling Week 2006 and ideas for activities for your classroom and at your school.

**Web Site for Pregnant and Parenting Teens**

Young Mommies Unite is a Web site (<http://www.youngmommiesunite.com/>) for pregnant and parenting teens created by two former teen moms. It also supports and provides information about teen pregnancy prevention. Formed by two teenage mothers, the organization aims to connect with teens on a peer level. The site offers support, information, links, advice, message boards, and chat.

**Latest 'Patient Safety News' Video Available Online**

FDA has posted the November edition of "Patient Safety News," a Web-based video news program aimed primarily at health professionals. The program features information on new drugs, biologics, and medical devices, as well as FDA safety notifications and product recalls. Among topics covered is the recently strengthened risk management program for Accutane. More information is available at: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/psn/index.cfm>

**New Tool to Help Students with Diabetes**

*Helping the Student with Diabetes Succeed: A Guide for School Personnel* is a user-friendly tool that provides school personnel with a framework for managing diabetes effectively in the school setting. Learn more about how you can help every student with diabetes succeed and receive a free copy of the tool for your health resource shelf. An overview will be offered following the Coordinated School Health Workshops being held across Kansas in January. For more information contact Teri Caudle with the Kansas Diabetes Prevention and Control Program, 785-368-7289 or [tcadule@kdhe.state.ks.us](mailto:tcadule@kdhe.state.ks.us)

**SAVE THE DATE!**

The Kansas Fatherhood Coalition announces the 4<sup>th</sup> annual KANSAS FATHERHOOD SUMMIT, March 19-21, 2006, at the Wichita Marriott. The summit is intended for social workers, nurses, counselors, home visitors, fathers, mothers, grandparents, Head Start staff, and community leaders. Key-note speakers include Jerry Tello, David Pate, Will Stovall and DJ Eagle Bear-Vanas. New this year are Healthy Marriage Track, Grandparent Track, and Domestic Violence Track in addition to the 16 Fatherhood break-out sessions. Registration fee before February 20 will be \$25 for parents/caregivers and \$75 for practitioners. Watch for registration forms in late December.



## RESOURCES

**The American School Health Association** has a new handbook, "Protecting and Disclosing Student Health Information. How to Develop School District Policies and Procedures," which provides practical guidance to help school district personnel navigate the myriad and sometimes conflicting legal considerations connected to managing student health information. You can find ordering information at <http://www.ashaweb.org>.

**Need an answer on a health topic?** Go to the Health Resources and Services Administration Information Center Web site where you can order free publications and materials developed by HRSA Bureaus and Offices. The Web site also features information on resources that may interest you, including organizations, news sources, and current HRSA initiatives. Check it out at: <http://www.ask.hrsa.gov/>

Consider joining the **School Mental Health Project** list-serv at <http://lists.ucla.edu/cgi-bin/mailman/listinfo/mhsection-1> to get recurring and useful information on dealing with problems of mental health of your students. The project is an effort of the UCLA Center for Mental Health in Schools.

Although very little research has been conducted on cyber-bullying, studies have found that: 18 percent of students in grades 6-8 had been cyberbullied at least once in the last couple of months. Communities across the nation are currently struggling to address this emerging threat.

The **Stop Bullying Now! Web site** has added valuable information about cyberbullying to help children and adults learn more about the issue and to help prevent it. See the Web site at: <http://www.stopbullyingnow.hrsa.gov/indexAdult.asp?Area=cyberbullying>

The National Education Association and the NEA Health Information Network announce the publication of a brand new teen pregnancy prevention guide, **Promoting Sexual Responsibility: A Teen Pregnancy Prevention Resource for School Employees**, by Eva Marx, Vicki Harrison, and Kandra Strauss Riggs. This guide gives educators the resources they need to help students avoid behaviors that can result in pregnancy, as well as HIV infection and other sexually transmitted diseases. Drawing on current research and practice, this book offers strategies to help young people prepare to become responsible adults. Order *Promoting Sexual Responsibility* for \$26.95 by calling: 1-800-229-4200 or visiting [http://www.efastcom.com/NEABookstore/control/productdetails?&item\\_id=3299300](http://www.efastcom.com/NEABookstore/control/productdetails?&item_id=3299300). For more information contact: [kstraussriggs@nea.org](mailto:kstraussriggs@nea.org).

There is more information on family involvement online than any one person can monitor. Harvard Family Research Project has taken a closer look and compiled and categorized this large body of information to make it easier for practicing educators to access and use. **"Taking a Closer Look: A Guide to Online Resources on Family Involvement"** contains Web links to research, information, programs, and tools from over 100 national organizations. It provides information about parenting practices to support children's learning and development, home-school relationships, parent leadership development, and collective engagement for school improvement and reform. Download this resource at <http://www.gse.harvard.edu/hfrp/projects/fine/resources/guide/>

**Absence of occupation is not rest,  
A mind quite vacant is a mind distress'd.**

— William Cowper



**The State of Kansas  
Department of Health and Environment**

Bureau for Children, Youth and Families

Children and Families Section

1000 SW Jackson, Suite 220

Topeka, KS 66612-1274

Phone: 1-800-332-6262 (Make a Difference)

1-785-296-1307 (Administration)

*Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.*

**Welcome to ZIPS: Zero to Age 21 — Information Promoting Success for Public Health Professionals Working with Kansas Kids.** We hope this newsletter continues to be a useful resource for you, and we encourage you to give us your comments, feedback, and suggestions.

**Previous ZIPS can be found at:**

<http://www.kdhe.state.ks.us/c-f/zips/>

**Contact one of the following for more information on programs:**

**Joseph Kotsch, RN, BSN, MS**

Perinatal Consultant—785-296-1306

[jkotsch@kdhe.state.ks.us](mailto:jkotsch@kdhe.state.ks.us)

**Jane Stueve, RN, BSN**

Adolescent and School Health Consultant—785-296-1308

[jstueve@kdhe.state.ks.us](mailto:jstueve@kdhe.state.ks.us)

**Brenda Nickel, RN, BSN**

Child and School Health Consultant—785-296-7433

[bnickel@kdhe.state.ks.us](mailto:bnickel@kdhe.state.ks.us)

**Larry McGlasson, MPA**

Abstinence Education Consultant—785-291-3053

[lmcglasson@kdhe.state.ks.us](mailto:lmcglasson@kdhe.state.ks.us)

Visit our Web site at:  
<http://www.kdhe.state.ks.us/c-f>

## Assessment of State-Level Costs and Savings of Water Fluoridation Programs



"The model used in this analysis provides Colorado-specific

estimates of CWFP [community water fluoridation program] savings and may be replicated for other states," state the authors of an article published in the November 2005 issue of *Preventing Chronic Disease: Public Health Research, Practice, and Policy*. State-level data on CWFP costs and treatment savings are important to communities that face challenges in retaining water fluoridation programs and to communities without programs that require such information to make implementation decisions. The article presents an analysis of the estimated cost savings associated with CWFPs in Colorado and potential cost savings if Colorado communities without fluoridation programs or naturally high fluoride levels were to implement CWFPs.

The study primarily used state and local data sources, such as the Water Fluoridation Reporting System for information on fluoride levels of local water

systems, to estimate CWFP costs and treatment savings (in 2003 dollars) for each water system in Colorado. Other data sources regional and national data, published studies, and expert opinion. Data for 172 public water systems that serve populations of 1,000 individuals or more were included. The analysis compared annual fluoridation program costs with treatment savings achieved through averted tooth decay. Treatment savings included those associated with direct medical costs (applying and maintaining a restoration) and indirect nonmedical costs (patient time spent on dental visit).

The authors found that:

- Existing CWFPs in Colorado were associated with annual savings of \$148.9 million in 2003 or an average of \$60.78 per person.
- Colorado would save an additional \$46.6 million annually if CWFPs were implemented in the 52 nonfluoridated

water systems for which fluoridation is recommended.

- After adjusting the CWFP effect on reducing decay for the presence of natural fluoride levels, net annual savings were estimated to be \$39 million.

"Colorado realizes significant annual savings from existing CWFPs," the authors conclude, adding that "additional savings and reductions in morbidity could be achieved if fluoridation programs were implemented in other areas."

Abstract is available at [http://www.cdc.gov/pcd/issues/2005/nov/05\\_0082.htm](http://www.cdc.gov/pcd/issues/2005/nov/05_0082.htm).

More information about community water fluoridation is available from the MCH Library's knowledge path, Oral Health and Children and Adolescents, at [http://www.mchlibrary.info/KnowledgePaths/kp\\_oralhealth.html](http://www.mchlibrary.info/KnowledgePaths/kp_oralhealth.html).

**PREVENTING CHRONIC DISEASE**  
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY